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United Nations Population Fund

Country programme document for Ecuador

Proposed indicative UNFPA assistance:	$7.6 million: $3.0 million from regular resources and $ 4.6 million through co-financing modalities and/or other resources, including regular resources
Programme period:	Four years (2019-2022)
Cycle of assistance:	Seventh
Category per decision 2017/23:	Pink

Proposed indicative assistance (in millions of $):

Strategic plan outcome areas		Regular resources	Other resources	Total
Outcome 1	Sexual and reproductive health	1.7	4.0	5.7
Outcome 3	Gender equality and women's empowerment	0.5	0.3	0.8
Outcome 4	Population dynamics	0.4	0.3	0.7
Programme coordination and assistance		0.4	-	0.4
Total		3.0	4.6	7.6

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I. Programme rationale

1. Ecuador has achieved significant economic and social progress in the last few decades. However, poverty and inequality remain high. The Multidimensional Poverty Index stands at 35.1 per cent, with a higher incidence in rural areas (59.9 per cent) compared to urban areas (23.4 per cent) and the Gini index is 0.465 (2016). The population of Ecuador was estimated at 16.5 million in 2016, of which adolescents and young people aged 10-19 years account for 19.3 per cent. The window of opportunity represented by the demographic dividend will remain open until 2025, thus requiring urgent investment in adolescent and youth health, education and well-being.

2. Ecuador has taken on the challenge of building and consolidating a participatory, intercultural, plurinational, egalitarian and inclusive society for all its people; this includes Afro-Ecuadorians, and Montubio and indigenous people, historically the most excluded and discriminated against groups, who represent approximately 21 per cent of the country's total population. Recently, the National Assembly called for accelerated implementation of the 2030 Agenda for Sustainable Development, through a renewed commitment to 'leave no one behind'. Within this framework, the National Development Plan 2017-2021 (*Plan Toda Una Vida*) guarantees people's rights, including reproductive rights and gender equality, across their lifetime. The Constitution and the country's legal and policy frameworks also recognize sexual and reproductive health and rights, gender equality, youth rights and the right to personal integrity, including a life free from violence. Recently, Ecuador withdrew its reservations to the Programme of Action of the International Conference on Population and Development, launched the National Sexual and Reproductive Health Plan 2017-2021 (elaborated in cooperation with UNFPA) and approved the Violence against Women Organic Law.

3. Despite notable progress in policy, implementation gaps and inequalities hinder the full exercise of sexual and reproductive health and rights. Maternal mortality, adolescent pregnancy and gender-based violence represent major obstacles to sustainable development, generating significant social and economic costs. According to the UNFPA-supported Sexual and Reproductive Health Omission Costs Study, in 2015 Ecuador lost $473 million, due to a lack of appropriate investment in sexual and reproductive health. Women, adolescents, young people, Afro-Ecuadorians, indigenous people, mobile populations and people with disabilities lag behind on all relevant indicators.

4. In 2015, maternal mortality stood at 44.58 women per 100,000 live births, of which adolescents and young people aged 10-29 years account for 51.3 per cent. Maternal mortality is related to four 'delays': (i) the lack of access to family planning; (ii) failure to respond to the warning signs of maternal complications; (iii) the lack of access to emergency obstetric care; and (iv) the poor quality of maternal health services. The four 'delays' are more pronounced in rural areas, where most indigenous communities live and where access to high-quality sexual and reproductive health services is limited. Unmet need for family planning for women aged 15-19 years is higher among indigenous (10.4 per cent) and Afro-Ecuadorian women (10.1 per cent) than the general population of women (7 per cent).

5. The adolescent fertility rate is the second highest in the Andean region. In 2013, the birth rate was 72.93 per 1,000 women among the 15 to 19-year-old age group and 2.51 among 10 to 14-year-olds. In 2012, 18.3 per cent of adolescent girls aged 15-19 years reported having a child, a 5 per cent increase since 2004. Poverty, limited access to high-quality sexual and reproductive health services (including modern contraceptives), poor information and counselling, limited comprehensive sexuality education, sexual violence and early unions are among the main determinants. In 2012, contraceptive prevalence (the use of modern family planning methods) among women aged 15-49 years was 71.7 per cent, compared to 60.5 per cent among adolescents in union aged 15-19 years. Adolescents and young people have little knowledge of sexuality: 67.7 per cent of women aged 15-24 years report not using contraception during their first sexual intercourse. There is a concerning correlation between adolescent pregnancy, sexual violence and early unions, particularly among very young

adolescents aged 10-14 years, although data on these linkages are often limited. Approximately 7.8 per cent of adolescent pregnant girls below the age of 15 reported sexual relationships with a man aged 30 years or older (Demographic and Household Survey, 2012). Around 3 per cent of women with disabilities had their first child before 14 (2010 Census).

6. Levels of gender-based violence and sexual violence are alarmingly high, particularly among adolescent girls. The persistence of a patriarchal culture and an ineffective justice system help to perpetrate discrimination, violence and impunity. It is estimated that: 6 out of 10 women have experienced gender-based violence; 25 per cent have suffered sexual violence; and 70.5 per cent of women aged 16-20 years who are married or in a union reported having suffered gender-based violence (2011 National Gender-Based Violence Survey). Femicide has also drastically increased, with one woman killed every three days.

7. In 2017, Ecuador had the highest number of asylum requests and refugees in the Latin-America region (60,560 persons), mostly women and youth. The northern border, which separates Ecuador from Colombia, is a complex border, where migrants, internally displaced persons and refugees continue to be affected by human rights violations, socioenvironmental issues and illicit activities, with the greatest impact on adolescents and youth.

8. The country is highly vulnerable to disasters, including volcanic eruptions, floods and earthquakes. The 2016 earthquake revealed the need to strengthen resilience and national capacities to cope with disasters through preparedness measures, including gathering data for risk management and implementing age and gender-sensitive protocols targeting the most vulnerable populations.

9. Ecuador has a robust population data system, although it requires a higher degree of disaggregation to monitor Sustainable Development Goal (SDG) and Montevideo Consensus indicators. In 2020, the country will conduct a Dual Population and Housing Census (the first in the region) that will collect data both through traditional methods and administrative records. The Census provides an opportunity to strengthen capacities to generate, analyse and use disaggregated data.

10. In the new strategic orientation of the UN System in Ecuador, UNFPA, UNDP, UNICEF and UNWOMEN will promote joint initiatives with greater coherence to leave no one behind and accelerate achievement of the goals of the Agenda 2030 and the National Development Plan. The joint activities will seek significant and measurable results in: poverty eradication in all its dimensions; achieving gender equality and the empowerment of women and girls; eradication of violence against women, adolescents and children; reduction of adolescent pregnancy and the fight against child malnutrition.

11. UNFPA will build on lessons learned from the final evaluation of the current country programme, which recommends: (a) strengthening formulation and implementation of public policies at the national level, including in the northern border; (b) increasing strategic partnerships with government, academia, civil society and United Nations organizations; (c) consolidating achievements in improving sexual and reproductive health and reducing gender-based violence against people with disabilities; and (e) and sharing national experiences to foster UNFPA visibility, partnerships, South-South cooperation and leveraging of resources.

II. Programme priorities and partnerships

12. The proposed country programme 2019-2022 is aligned with: the National Development Plan 2017-2021; the 2030 Agenda for Sustainable Development; the United Nations Development Assistance Framework (UNDAF) 2019-2022; the UNFPA Strategic Plan 2018-2021; the Montevideo Consensus on Population and Development; the Secretary-General's Global Strategy on Women's, Children's and Adolescents' Health; and the Family Planning 2020 Strategy. It will contribute directly to SDG 3 and 5, indirectly to SDG 4, 10, 11, 16 and 17, and ultimately to SDG 1. The programme was developed in consultation with the Government, as well as academic, civil society and development partners, including United Nations organizations.

13. This will be the first of three consecutive country programmes that will contribute to a prosperous and sustainable Ecuador, by enabling women, adolescents and young people, particularly those living in rural areas and from the most excluded population groups (Afro-Ecuadorians and indigenous people, mobile populations and people with disabilities), to fully exercise their sexual and reproductive rights and live a life free of violence. This will be achieved by expanding their access to sexual and reproductive health services and high-quality comprehensive sexuality education, and supporting transformation of patriarchal sociocultural patterns, contributing to UNFPA three transformative results. Data generation, rights-based, gender and intercultural approaches will serve as crosscutting strategies. The programme will be national in scope, with a focus on the northern border, where the population in greatest need live.

14. To achieve programme objectives, UNFPA will use advocacy and policy dialogue, improve knowledge management, and strengthen national capacities and partnerships, including South-South cooperation. It will leverage strategic partnerships with the Government at the national and subnational level, particularly in the northern border, and non-governmental partners, including academic, civil society and international cooperation organizations. Seeking greater coordination with United Nations organizations, UNFPA will partner with: WHO/Pan American Health Organization (maternal health and adolescent pregnancy); UNICEF (sexual violence among very young adolescents); UNDP (human security); UN-Women (gender-based violence); UNESCO (sexuality education); UNAIDS (HIV prevention); International Organization for Migration and UNHCR (mobile populations in the northern border); and UNOCHA (humanitarian affairs and emergency preparedness). UNFPA will address the humanitarian-development nexus through integrated emergency preparedness and response and resilience-building approaches across all outcomes and will strengthen the capacities of civil society organizations to advocate for sexual and reproductive rights and gender equality.

A. Outcome 1: Sexual and reproductive health and rights

15. *Output 1: Enhanced national capacities to develop and implement evidence-based policies, plans and programmes to achieve universal access to high-quality integrated sexual and reproductive health, information, education and services for women, adolescents and young people, particularly those from the most excluded population groups, in development and humanitarian settings.* Programme interventions will contribute to the reduction in maternal mortality and unmet need for family planning, and the prevention of adolescent pregnancy and HIV, with an emphasis on women, adolescents and youth living in the northern border. Key interventions include engaging in: (a) policy dialogue, advocacy and technical assistance to develop/revise and implement evidence-based policies, norms, standards and guidelines, prioritizing access to and utilization of services for adolescents and youth; (b) advocacy to maintain funding from national budgets to sustain the provision of modern contraceptive methods; (c) technical support to the Ministry of Health to implement and monitor the National Sexual and Reproductive Health Plan 2017-2021, prioritizing access to intercultural maternal health services, and fully operational emergency obstetric and neonatal health care networks and family planning, particularly in the northern border; (d) strengthening health personnel capacities to improve the quality of adolescent sexual and reproductive health services, including the provision of modern contraceptives, focusing on long-acting reversible methods; (e) supporting the National Health Network System to implement a logistics management information system to ensure availability of modern contraceptives and life-saving essential maternal drugs in health services; (f) strengthening the capacity of health care providers, including midwives, for effective counselling on the use of modern contraceptives, and prevention and management of gender-based and sexual violence, focusing on adolescents, youth and people with disabilities; (g) strengthening the capacity of health providers to implement the Minimum Initial Service Package in emergency preparedness and humanitarian situations; (h) developing and implementing a comprehensive sexuality education programme using a human rights, age-appropriate and gender-based approach; (i) strengthening the capacity of networks for women, adolescents and youth, and people

with disabilities, to increase demand and advocacy for sexual and reproductive rights; (j) strengthening partnerships with academic, professional and midwifery associations to improve pre-service and in-service continuing education; (k) using the Reproductive Health Omission Costs Study and other relevant studies to promote evidence-based policy dialogue and advocacy.

B. Outcome 3: Gender equality and women's empowerment

16. *Output 1: Strengthened policies and accountability frameworks to advance gender equality and empower women and girls to exercise their reproductive rights and be protected from gender-based violence, in development and humanitarian settings.* UNFPA will address gaps in the implementation of gender-based violence laws, policies and plans by strengthening capacities and partnerships with government institutions, civil society and United Nations organizations, to provide a multisectoral response that takes into consideration the magnitude and specific characteristics of violence in the northern border. To achieve this, UNFPA will strengthen coordination with partner organizations working in the same thematic and/or geographical areas (UNDP, UN-Women, UNICEF, UNHCR and IOM). Key interventions include: (a) providing technical assistance to develop and implement laws, policies and plans related to gender equality and gender-based violence, particularly the Organic Law to prevent and eradicate violence against women; (b) strengthening intersectoral referral mechanisms between the Ministry of Health, the Ministry of Education and the Justice System to ensure an effective and timely response to gender-based violence; (c) using advocacy and policy dialogue to promote high-quality standards in essential services packages for gender-based violence; (d) strengthening the capacity of civil society organizations, particularly women and youth networks, to provide oversight of compliance with international and national legislation on sexual and reproductive rights, gender equality and gender-based violence; (e) generating evidence to design policies that promote non-violent masculinities and address sexual violence against adolescent and young girls, highlighting linkages between sexual violence, adolescent pregnancy and women's empowerment; (f) providing technical assistance to government institutions and United Nations organizations to implement Inter-Agency Standing Committee guidelines, to integrate gender-based violence interventions in humanitarian action.

C. Outcome 4: Population data systems

17. *Output 1: Strengthened national and local capacities to generate, analyse and use high-quality disaggregated data for enhanced follow-up of the Sustainable Development Goal and Montevideo Consensus indicators, and evidence-based interventions in development and humanitarian settings, particularly in the northern border.* In response to the need to improve the National Statistics System, UNFPA will strengthen national capacities to generate, analyse and use disaggregated data. Key interventions include: (a) providing technical assistance to the National Statistics and Census Institute for the preparation, implementation and use of the Dual Population and Housing Census data; (b) providing technical support to the National Statistics System to estimate prioritized SDG indicators, baselines and targets (SDGs 3, 5, 10, 11, 16 and 17), as part of a United Nations system collective undertaking; (b) strengthening the capacity of the National Secretariat for Development Planning (SENPLADES) to follow-up on the National Development Plan and its linkages with the SDGs and Montevideo Consensus; (c) strengthening national and northern border capacities to map and use high-quality disaggregated data, particularly related to the demographic dividend, sexual and reproductive health, gender-based violence and disabilities; (d) promoting advocacy and capacity-building to develop and use a digital platform within the Risk Management Secretariat and the National Institute of Statistics and Census (INEC) to gather and use standardized sociodemographic data in humanitarian settings and to quickly respond to natural disasters; (e) promoting national engagement in South-South cooperation initiatives, particularly in regards to the Census.

III. Programme and risk management

18. This country programme document outlines UNFPA contributions to national results, and serves as the primary unit of accountability to the Executive Board for results alignment and resources assigned to the programme at the country level. Accountabilities of managers at the country, regional and headquarter levels with respect to country programmes are prescribed in the UNFPA programme and operations policies and procedures, and the internal control framework.

19. UNFPA will apply United Nations standard operating procedures and will coordinate interventions with other partner organizations and, where feasible, develop joint programmes in line with the 'Delivering as One' approach.

20. UNFPA will continue to implement an integrated partnership and resource mobilization strategy, leveraging opportunities through government regular resources, joint programmes, and multilateral and bilateral organizations such as the European Union, GIZ and the Korea International Cooperation Agency, and engaging international donors and the private sector.

21. The country office will ensure an appropriate risk analysis to mitigate potential programmatic risks, such as a reduction in regular resources or the challenges of signing and implementing cost-sharing agreements under the current national legal framework. To mitigate these risks, UNFPA will engage with bilateral and multilateral donors and develop proposals to forge collaborations with new or non-traditional partners, including with the private sector and municipalities, to offset any reduction in regular resources. UNFPA will also advocate at the highest political level to ensure sustainability of the reproductive health commodity security programme, despite potential turnover at political and technical levels.

22. The current mix of country office staff is adequate for implementing the proposed programme, although it may need to be adjusted to effectively and efficiently perform new priority areas. Population expertise will be strengthened to support national capacities for the Population and Housing Census and SDG measurement. The country office will seek co-financing mechanisms with the Government and/or other United Nations organizations to optimize financial resources. It will also seek technical support from the regional office and headquarters, as well as from South-South cooperation, as needed.

23. In emergency situations, UNFPA may, in consultation with the Government, reschedule programme activities, especially life-saving measures, to respond to humanitarian situations.

IV. Monitoring and evaluation

24. UNFPA and the Government, through the Ministry of Foreign Affairs and Human Mobility, will manage and monitor the programme following UNFPA policies and procedures, using results-based and accountability frameworks and follow-up annual meetings. UNFPA will actively contribute to strengthening national capacities to monitor the UNDAF, the National Development Plan, and SDG and Montevideo Consensus indicators. To enhance synergies between inter-agency and agency-specific processes, UNFPA and partner organizations have elaborated a costed evaluation plan, which includes data-gathering from national sources to monitor progress on SDG 3 and 5.

25. The country office will monitor programme performance, conducting field-monitoring visits and annual technical meetings with implementing partners to track progress and adjust work-plans, as needed.

RESULTS AND RESOURCES FRAMEWORK FOR ECUADOR (2019-2022)

National priority: Guarantee a dignified life with equal opportunities for all persons, endorsing interculturality and plurinationality and valuing diverse identities.
UNDAF outcome: By 2022, especially priority groups and historically excluded populations benefit from the realization of their rights, increased access to services and high-quality social protection, improved resilience, greater gender equality and a reduction in all forms of violence.
Indicator: (i) Adolescent birth rate (per 1,000 women in each age group). *Baseline*: (aged 10-14 years) 3.1, (aged 15-19) 76.5; *Target*: (aged 10-14 years) 2.5, (aged 15-19) 63.5. (ii) Maternal mortality ratio (per 100,000 live births). *Baseline*: 44.6; *Target*: 36.
Indicator: Proportion of women and girls aged 15 or older who have suffered physical, sexual or psychological violence in the last 12 months. *Baseline*: 60%, *Target*: 50%
Indicator: Number of people affected by adverse events of natural or anthropic origin. *Baseline*: 1,768 per 100,000. *Target*: 1,500 per 100,000.

UNFPA strategic plan outcome	Country programme outputs	Output indicators, baselines and targets	Partner contributions	Indicative resources
Outcome 1: Sexual and reproductive health and rights Outcome indicator(s): • Proportion of women of reproductive age who have their need for family planning met with modern methods (aged 15-49 years) *Baseline*: 71.7%; *Target*: 74% (aged 15-19 years) *Baseline*: 60.5%; *Target*: 64.5%	Output 1: Enhanced national capacities to develop and implement evidence-based policies, plans and programmes to achieve universal access to high-quality integrated sexual and reproductive health, information, education and services, for women, adolescents and young people, particularly those from the most excluded population groups, in development and humanitarian settings.	• Package of sexual and reproductive health information and services for adolescents, contained in the National Sexual and Reproductive Health Plan, implemented with UNFPA support *Baseline*: No; *Target:* Yes • Percentage of public health facilities in the northern border that provide high-quality integrated adolescent sexual and reproductive health services, particularly for the most excluded and vulnerable population groups *Baseline:* 0; *Target:* 80 • Percentage of public education establishments in the northern border that implement comprehensive sexuality education. *Baseline*: 0; *Target*: 80	Ministry of Health; Ministry of Education; Ministry of Economic and Social Inclusion; National Council on Equality and Disabilities; Risk Management Secretariat; *Plan Toda Una Vida* Secretariat; civil society organizations; academia; professional associations; municipalities: United Nations organizations	$5.7 million ($1.7 million from regular resources; $4.0 million from other resources)
Outcome 3: Gender equality and women's empowerment Outcome indicator(s): • Proportion of ever-partnered women and girls aged 15 years and older subjected to physical, sexual or psychological violence by a	Output 1: Strengthened policies and accountability frameworks to advance gender equality and empower women and girls to exercise their reproductive rights and be protected from gender-based violence, in development and humanitarian settings.	• Number of laws, policies, plans and programmes designed to advance sexual and reproductive rights and gender equality, and address gender-based violence, in line with international standards *Baseline:* 3; *Target:* 6 • Number of gender-based violence committees in the northern border engaging multiple stakeholders, including civil society	Ministry of Health; Ministry of Justice; Gender Equality Council; *Plan Toda Una Vida* Secretariat; Risk Management Secretariat;	$0.8 million ($0.5 million from regular resources; $0.3 million from other resources)

current or former intimate partner in the previous 12 months, by age and place of occurrence *Baseline*: 60%; *Target:* 57%		organizations, in providing a multisectoral response *Baseline:* 2; *Target:* 3	civil society organizations; local gender-based violence committees; Ombudsman; National Prosecutor; United Nations organizations.	
Outcome 4: Population data systems Outcome indicator(s): • One Population and Housing Census conducted in the last ten years *Baseline*: No; *Target*: Yes	Output 1: Strengthened national and local capacities to generate, analyse, use and disseminate high-quality disaggregated data for enhanced follow-up of the SDG and Montevideo Consensus indicators, and evidence-based interventions in development and humanitarian settings, particularly in the northern border	• Number of UNFPA-prioritized SDG indicators with national baselines and targets identified. *Baseline:*10; *Target:*15 • Digital platform to generate sociodemographic data on populations affected by disasters developed. *Baseline*: No; *Target*: Yes	National Institute of Statistics and Census; National Secretariat for Development Planning; Risk Management Secretariat; United Nations organizations	$0.7 million ($0.4 million from regular resources; $0.3 million from other resources) _____ Total for programme coordination and assistance: $0.4 million from regular resources